

## INSTRUCTIONS FOR RISK PURCHASING GROUP APPLICATIONS

The State of Utah, in accordance with the Risk Retention Act of 1986 (the Act,) requires a Purchasing Group wishing to operate in Utah to provide the information requested below. Please use the attached forms when supplying this information.

1. Application Fee of **\$300.00** which includes a \$250.00 annual filing fee and a \$50.00 annual E-Commerce and Technology Fee which is used by Utah Insurance Department (UID) to develop e-commerce applications to facilitate electronic data interchange between the Department, its licensees, other regulatory agencies, and the public.
2. The state in which the group is domiciled.
3. The date group was organized.
4. The lines and classifications of liability insurance the purchasing group intends to purchase.
5. The identity and state of domicile of the insurance company from which the group intends to purchase its insurance.

**PLEASE NOTE: The insurance company used by the Purchasing Group must be licensed or an approved surplus lines carrier in Utah to cover purchasing group risks located in this State.**

6. Identify the principal place of business of the group.
7. The Commissioner of Insurance of the State of Utah or his successors shall be made an agent of the Purchasing Group solely for the purpose of receiving service of legal documents or process.
8. A signed statement by the principal officers of the company certifying that all members of the group have like or similar risk exposure.
9. Signed "Certificate of Resolution" as referenced in Part B.
10. Letter from Domicile State stating that RPG is in compliance and in good standing.

**SUBMISSIONS THAT DO NOT COMPLY WITH THESE PROCEDURES WILL BE CONSIDERED INCOMPLETE AND WILL BE RETURNED WITHOUT ACTION. REJECTED SUBMISSIONS THAT ARE RESUBMITTED ARE TREATED AS NEW AND NEW SUBMISSIONS FEES ARE REQUIRED.**

If you have any questions contact Teresa Trusty, Company Licensing Examiner at [ttrusty@utah.gov](mailto:ttrusty@utah.gov), 801-538-3814, or Eric Showgren, Company Licensing Manager at [eshowgren@utah.gov](mailto:eshowgren@utah.gov), 801-537-9174.

**Insurance Department  
Purchasing Group Disclosure Statement**

Name of Purchasing Group \_\_\_\_\_

State of Domicile \_\_\_\_\_ Date Group Organized \_\_\_\_\_

Purchasing Group Domicile State Identification Number \_\_\_\_\_

Principal Place of Business of the Group \_\_\_\_\_

Home Office address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Company Renewal address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Company Renewal Contact Person/Title \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of company\* insurance is to be purchased from:

Name \_\_\_\_\_

NAIC Number: \_\_\_\_\_ State of Domicile \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

\*(Use page 2 if more than one company will be used.)

Lines of liability coverage to be purchased:

\_\_\_\_\_  
\_\_\_\_\_

I (We), the principal officers of this Purchasing Group, certify that the members of this Purchasing Group have like or similar risk exposures as defined by the Risk Retention Act of 1986.

\_\_\_\_\_

(Name, please print) / (Title)

\_\_\_\_\_

(Signature)

Date \_\_\_\_\_

\_\_\_\_\_

(Name, please print) / (Title)

\_\_\_\_\_

(Signature)

Date \_\_\_\_\_

# NAME OF COMPANY/COMPANIES INSURANCE TO BE PURCHASED FROM

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Name

Naic Number  
State of Domicile

Street  
City

State

Zip

Phone number

Fax Number

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Name

Naic Number  
State of Domicile

Street  
City

State

Zip

Phone number

Fax Number

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Name

Naic Number  
State of Domicile

Street  
City

State

Zip

Phone number

Fax Number

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(attach additional sheets if more companies will be used)

Lines of liability coverage to be purchased:

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The following is the uniform registration form adopted in June 1991, by the NAIC.

**Part A**

STATE OF UTAH  
DEPARTMENT OF INSURANCE  
PURCHASING GROUP - NOTICE AND REGISTRATION  
(All Information Should Be Typed)

1. Name of the Purchasing Group:

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2. List any other name(s) by which the Purchasing Group is known or may be doing business in this State or any other state:

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3. a) Form of organization (i.e., corporation, partnership, association) and the state in which organized:

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- b) Purpose(s) of organization:

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4. a) The Purchasing Group is domiciled in the state of: \_\_\_\_\_

- b) Address: \_\_\_\_\_

5. Physical address of the administrative offices of the Purchasing Group, if different from response to Item #4b above:

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6. The Purchasing Group intends to purchase the following classifications of liability insurance and/or sub-classifications thereof:

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## PURCHASING GROUP FORM

7. The Purchasing Group intends to purchase the liability insurance described in Item #6 above from the following insurance company or companies: [Give full name of company, state of domicile, NAIC code and Federal Employer Identification Number (FEIN)].

State of \_\_\_\_\_

<u>Name of Company</u>	<u>Domicile</u>	<u>NAIC Code</u>	<u>FEIN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List the name, address and telephone number of each officer and director of the Purchasing Group: (Attach additional pages if necessary.)

<u>Name</u>	<u>Address</u>	<u>Telephone#</u>	<u>Position with Purchasing Group</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. List the name, address, telephone number, and e-mail address of the person within the Purchasing Group who is most knowledgeable about the Purchasing Group's insurance program, including membership criteria and coverage's:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>E-mail</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. List the name, FEIN, address and telephone number of the company that manages or administers the insurance program for the Purchasing Group, and the name, and telephone number of the person responsible for the Group's insurance program: (If none, answer none.)

<u>Name</u>	<u>FEIN</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____

### PURCHASING GROUP FORM

11. List the name(s), telephone#(s) and address(es) of the licensed insurance agent(s), broker(s) or excess (surplus) lines broker(s) responsible for the purchase of liability insurance for the Purchasing Group and its members and the state(s) in which they are licensed: (Attach additional pages, if necessary. If none, answer none.)

<u>Name</u>	<u>Telephone#</u>	<u>Address</u>	<u>State(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Has any person transacting business on behalf of this Purchasing Group ever:

- a) been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? \_\_\_\_\_
- b) had denied any application for a professional, vocational or business license? \_\_\_\_\_
- c) had suspended or revoked any such license? \_\_\_\_\_
- d) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? \_\_\_\_\_

If the answer to any part of this question is yes, attach a supplementary statement explaining in full each such occurrence.

13. The Purchasing Group is composed of members whose businesses or activities are similar or related with respect to the liability to which members are exposed by virtue of any related, similar or common business, trade, product, services, premises or operations. Give a general description of business or activities engaged in by Purchasing Group members:

_____
_____
_____

14. The Purchasing Group purchases the liability insurance listed in Item #6 above only for its group members and only to cover their similar or related liability exposure, as described in Item #13 above.
15. The Purchasing Group has as one of its purposes the purchase of liability insurance on a group basis.

# PURCHASING GROUP FORM

16. The Purchasing Group has designated the Insurance Commissioner [Director, Superintendent] of this State to be its agent solely for the purpose for receiving service of legal documents or process by executing Part B of this form, attached hereto.
17. The Purchasing Group has submitted a registration fee of **\$300.00**, if applicable, payable to the Insurance Commissioner [Director, Superintendent] of this State.
18. The Purchasing Group will not purchase any insurance policy in this State which provides coverage prohibited generally by statute of this State or declared unlawful by the highest court of this State whose law applies to such policy.
19. The Purchasing Group will comply with all other applicable state laws.
20. The Purchasing Group will notify the Insurance Commissioner [Director, Superintendent] of any subsequent changes in any of the items included in this form.

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal, the \_\_\_\_\_ are true and correct.

(Name of Purchasing Group)

President of the Purchasing Group

Secretary of the Purchasing Group

State of \_\_\_\_\_) )ss:

County of \_\_\_\_\_)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public. My Commission Expires: \_\_\_\_\_

**Part B**

**PURCHASING GROUP FORM**

**APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION**

The \_\_\_\_\_ (“the Group”), a purchasing group organized under the laws of the State of \_\_\_\_\_ (Insert Domicile State), having notified the Insurance Commissioner [Director, Superintendent] of the State of Utah of its intention to do business in this State as a purchasing group pursuant to the federal Liability Risk Retention Act of 1986, hereby appoints the Insurance Commissioner [Director, Superintendent] of the State of Utah, any successor in office, and any authorized deputy its true and lawful attorney, in and for the State of Utah, upon whom all legal documents or process in any proceeding against it may be served. Such service of process shall be of the same legal force and validity as if served personally upon the Group.

The Group designates:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(E-Mail)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, Town or Village)

\_\_\_\_\_  
(State and ZIP Code)

as its officer, agent or other person to whom shall be forwarded all legal documents or process served upon the Insurance Commissioner [Director, Superintendent] of the State of Utah, any successors in office or any authorized deputy, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner [Director, Superintendent].



# PURCHASING GROUP FORM

This appointment and designation is made pursuant to a resolution by the Group's governing body authorizing it and a **certified copy of the resolution is attached hereto**. This appointment shall be binding upon any person or corporation which as successor acquires the Group's assets or assumes its liabilities, by merger or consolidation or otherwise.

This appointment may be withdrawn only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor so long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

IN WITNESS OF THIS APPOINTMENT AND DESIGNATION, the Group, in accordance with the resolution of its Board of Directors duly passed on \_\_\_\_\_, 20\_\_\_\_, has affixed its corporate seal, and caused the same to be subscribed and attested in its name by its President and Secretary, at the City of \_\_\_\_\_ in the State of \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

(Name of Purchasing Group)

By:

\_\_\_\_ President

\_\_\_\_\_  
Secretary

State of \_\_\_\_\_ ) ss:

County of \_\_\_\_\_)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public. My Commission Expires: \_\_\_\_\_